

**DATA ELEMENT DESCRIPTION ASCII WARRANT
INPUT RECORD FORMAT – ELECTRONIC CLAIMS
(ALL RECORDS ARE FIXED LENGTH)**

<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
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1. **File Header Record**

Field Name

* Record ID	1	5	AN	Value '00HDR'
Filler	6	5	AN	Blank Fill
* Agency ID	11	4	AN	4 digit-left justify: Zero fill uniform agency code. Source : Uniform Codes Manual, Department of Finance.
Filler	15	Through 8006	AN	

2. **Claim Header Record**

Field Name

* Record-Code	1	2	N	Value '05'
* Claim-No	3	2	N	A Value from '01' to '99', claims within a file are in ascending consecutive order. There is one claim number per claim schedule submitted.

Record-Type

* Trlr-Code	5	1	N	Value '0'
* Detail-Code	6	1	N	Value '0'
* Header-Code	7	1	N	Value '1'
Filler	8	3	AN	
* Claim-Sch-No.	11	8	AN	Number assigned by department's accounting office matching hard copy claim certification submitted by agency; left justified.
Filler	19	2	AN	
* Claim-ID	21	10	AN	Provided by SCO-Audits after approval of payment system.
Filler	31	Through 8006	AN	

3. **Detail Warrant Record**

Field Name

* Record-Code	1	2	N	Value '05'
* Claim-No	3	2	N	That value associated with the Claim-No of Claim Header Record.

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3. Detail Warrant Record (continued)

Record-Type

* Trlr-Code	5	1	N	Value '0'
* Detail-Code	6	1	N	Value '1'
* Header-Code	7	1	N	Value '0'
* Zip-Code	8	9	AN	Payee zip code; left justify; must not be blank; must contain zip code or zero fill. If 5 digit zip, left justify and leave remaining 4 digits blank. Zero fill all 9 bytes if zip is not available or foreign country.
* Payee-ID	17	10	AN	SSA number or other agency assigned ID number, left justify blank.
Seq-No.	27	5	AN, N	Agency use.
Bank Code (*optional)	32	1	AN	Values 'A' through 'Z' optional use for direct bank deposits. Bank code is the last character of "Seq-No".
* Line-No	33	2	N	Value '00'
* Det-Amt-Ind	35	1	N	Value '1'
* SCO Internal Use	36	2	AN	Zero fill, SCO Internal Use Only
* Warrant-Amt	38	11	AN	Payment amount with decimal point. Must be greater than \$0, but not more than \$99,999,999.99. Right justify, zero fill, no commas, or \$.
Filler	49	4	AN	For use by agency, or leave blank.
* Payee-Name	53	30	AN	Warrant drawn in favor of payee.
Filler	83	5	AN	Blank-Not used.
Address-Line 1	88	30	AN	If warrants are to be mailed to payee, than either
Address-Line 2	118	30	AN	Address lines 1 or 2 must not be blank.
Address-Line 3	148	30	AN	Do not include zip code here, unless foreign country.
Address-Line 4	178	30	AN	Do not include zip code here, unless foreign country.
* Reportable Code	208	1	AN	Value '0', must not be blank.
SCO Internal Use	209	23	AN	Leave blank.
Filler	232	33	AN	Blank-Not used
WR-Audit-Info	265	Through 8006	AN	Variable as described by SCO-Audits

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
4. <u>Secondary Payee Record</u>				Purpose: To satisfy Government Code section 26903 or to notify other parties of payments (not tax reporting); required when payee is a local government agency.
<u>Field Name</u>				
* Record-Code	1	2	N	Value '05'
* Claim-No	3	2	N	That value associated with Claim-No of Claim Header Record.
<u>Record-Type</u>				
* Trlr-Code	5	1	N	Value '0'
* Detail-Code	6	1	N	Value '1'
* Header-Code	7	1	N	Value '0'
* Zip-Code	8	9	AN	Payee zip code; left justified; must not be blank. Zip code or zero fill. Include zip code in address field for secondary payee address (county auditor).
* Payee-ID	17	10	AN	SSA number or other agency assigned ID number.
Seq-No.	27	5	AN, N	Agency use.
Bank Code (*optional)	32	1	AN	Values 'A' through 'Z' optional use for direct bank deposits. Bank code can be added to the last character of "Seq-No".
* Line-No	33	2	N	Value '00'
* Det-Amt-Ind	35	1	N	Value '2' for this record
* SCO Internal Use	36	2	AN	Zero fill, SCO Internal Use Only
* Warrant-Amt	38	11	AN	Payment amount with decimal point. Must be greater than \$0, but not more than \$99,999,999.99. Right justify, zero fill, no commas, or \$.
Filler	49	4	AN	For agency use, or leave blank.
* Payee-Name	53	30	AN	Party to be notified (usually county auditor).
Filler	83	5	AN	

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4. <u>Secondary Payee Record (Continued)</u>				
Address-Line 1	88	30	AN	Address of party to be notified, either line 1 or line 2 must not be blank. <u>MUST</u> include zip code of party to be notified.
Address-Line 2	118	30	AN	
Address-Line 3	148	30	AN	
Address-Line 4	178	30	AN	
Filler	208	57	AN	Variable as described by SCO-Audits.
SP-Audit-Info	265	Through 8006	AN	
5. <u>Detail Remittance Advice (RA) Statement Record</u>				One record per printed statement line. Maximum 42 lines of 62 characters of printed info.
<u>Field Name</u>				
* Record-Code	1	2	N	Value '05'
* Claim-No	3	2	N	That value associated with Claim-No of Claim Header Record
<u>Record-Type</u>				
* Trlr-Code	5	1	N	Value '0'
* Detail-Code	6	1	N	Value '1'
* Header-Code	7	1	N	Value '0'
* Zip-Code	8	9	AN	Payee zip code
* Payee-ID	17	10	AN	SSA number or other agency assigned ID number
Seq-No.	27	5	AN, N	Agency use
Bank Code (*optional)	32	1	AN	Values 'A' through 'Z' optional use for direct bank deposits. Bank code can be added to the last character of "Seq-No".
* Line-No	33	2	N	Remittance Advice line number; valid values are line 1 to 42; line number 1 is the first line to be machine printed; must be ascending. Skip lines not printed.

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5. Detail Remittance Advice (RA) Statement Record (continued)

* Det-Amt-Ind	35	1	N	'0' = No RA detail amount present; '1' = detail RA amount present therefore adds and compares to warrant amount.
* SCO Internal Use	36	2	AN	Zero fill, SCO Internal Use Only
* Detail-RA-Amt	38	11	AN	RA shows payment information (total or subtotal); required if Det-Amt-Ind = '1'. Zero fill with decimal if Det-Amt-Ind is off = '0'. Right justify, zero fill, no commas, or \$.
Filler	49	4	AN	For agency use, or leave blank.
RA-Print-Info	53	62	AN	For agency use to describe payment to payee: must include agency name, address, and telephone number for inquiry purposes. Print info is "free form" formatted by agency. Must be in <u>UPPERCASE</u> .
RA-Audit-Info	115	Through 8006	AN	Variable as described by SCO-Audits.

6. Claim Total Record

Field Name

* Record-Code	1	2	N	Value '05'
* Claim-No	3	2	N	That value associated with Claim-No of Claim Header Record.

Record-Type

* Trlr-Code	5	1	N	Value '1'
* Detail-Code	6	1	N	Value '0'
* Header-Code	7	1	N	Value '0'
Filler	8	18	AN	
* Warr-Rec-Count	26	9	N	Total number of all detail warrant records for claim with "Record-Type 010 line-no = 00, Det-Amt-Ind = '1'. Should agree with number of warrants on claim schedule.
* RA-Rec-Count	35	11	N	Total number of all RA records for claim with "Record-Type 010 Line-No-01 Through 42 (RA records)".

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6. Claim Total Record (continued)

* Total-Warr-Amt	46	16	AN	Total dollar amount of all detail warrant records for claim with "Record Type = 010, line-no = 00, Det-Amt-Ind = 1". Byte 59 must be hard coded with a decimal. Should agree with total on claim schedule. Zero fill.
Filler	62	Through 8006	AN	Blank fill.

7. File Total Record

Field Name

* Record-ID	1	5	AN	Value '99EOF'
Filler	6	2	AN	
* Total-Rec-Count	8	13	N	Total number of all records <u>except</u> file total record.
* Claim-Count	21	5	N	Total number of all claim header records with Record Type = 001.
* Warr-Rec-Count	26	9	N	Total number of all detail warrant records with Record Type = 010 Line-No = 00 Det-Amt-Ind = 1.
* RA-Rec-Count	35	11	N	Total number of all RA records with Record Type = 010 Line-No = 01 to 42.
* Total-Warr-Amt	46	16	AN	Total dollar amount of all detail warrant records for claim with Record Type = 010, Line-No = 00, Det-Amt-Ind = 1. Byte 59 must be hard coded with a decimal. Should agree with total on claim schedule. Zero fill.
Filler	62	Through 8006	AN	Blank fill.

Files are Fixed Block with a record length of 8006

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